

Safe Telemedicine Principles

1. **Telemedicine is a mechanism to deliver safe, effective healthcare.**

Telemedicine is the means by which healthcare is delivered. Telemedicine can deliver safe, effective healthcare. Or, not unlike the general practice of medicine, corners can be cut.

2. **Legally recognize an examination through telemedicine technology that provides the practitioner with information equal or superior to an in person examination.**

States commonly require that a physician-patient relationship be established prior to diagnosing and treating a patient. Most states require that first examination to be “in-person” or “face-to-face”. Once a physician-patient relationship has been established, the physician may communicate with the patient through whatever medium the physician chooses (e.g. telephone, web camera, email, etc.). Approximately 20 states allow telemedicine technology to be used to establish this first examination between physician and patient. Provided the information exchanged between the practitioner and the patient is equal to the information that would be included in an in-person exam, we believe that state laws and regulations should permit the practitioner to utilize telemedicine technology to conduct the first time examination to establish the physician-patient relationship.

3. **A physician-patient relationship can only be established through an examination by tablet, phone app, or web camera if the examination 1) provides information equivalent to an in person exam, 2) conforms to the standard of care expected of in-person care; and 3) if necessary, incorporates peripherals and diagnostic tests sufficient to provide an accurate diagnosis. A physician-patient relationship cannot be established through an examination by telephone (audio-only) or email.**

In order to practice safe telemedicine, the standard of care applied by a practitioner must be the same standard required of the practitioner for an in-person visit. There may be certain diagnosis that can be rendered by a practitioner using any of these mediums. However, we maintain the mere communication between a practitioner and patient using one of these mediums does not ensure either that the telemedicine examination is equal to an in-person encounter or that it conforms to the standard of care. This is particularly true if the diagnosis is rendered without the use of appropriate peripherals or diagnostic tests, if necessary to confirm the diagnosis.

We believe that an encounter mirroring an in-person examination and conforming to the standard of care must incorporate diagnostic tests and peripherals, such as an otoscope and stethoscope, if necessary to provide and confirm an accurate diagnosis. For example, if the standard of care for an in-person encounter requires a visual examination of the patient’s tympanic membrane prior to diagnosing, the same should be applied to a telemedicine encounter. Likewise, if a diagnostic test is required for an accurate diagnosis of strep throat or a urinary tract infection, then a diagnostic test should be available to the practitioner prior to diagnosing what are described by some in the telemedicine industry as “uncomplicated” issues.

4. **“On call” language may not be used by a physician to prescribe for a patient never seen by the physician unless there is an established agreement between the patient’s personal physician and covering physician, compliant with state law governing on call relationships between practitioners.**

The only time that a physician should diagnose through the “on call” language (commonly found in all states) without previously establishing a physician-patient relationship is through an established agreement between the two physicians. We recognize legally-compliant “on call” relationships, but do not believe the patient may self-designate the on-call relationship to a physician designated by the patient, and not designated by the patient’s physician.

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